

EXECUTIVE SUMMARY: INDIA

Project Title: **India FY 2006 Country Operational Plan (COP)**

	Funding Sources		
Receiving Agency	GAP*	GHAI	Total
HHS	3,000,000	3,250,000	6,250,000
USAID		21,950,000**	21,950,000
DOD		550,000	550,000
Unallocated		383,000	383,000
TOTAL REQUEST	3,000,000	26,133,000	29,133,000

*The Global AIDS Program of HHS/CDC **Includes CSH Funds - \$16,100,000

HIV/AIDS Epidemic in India

National HIV prevalence:	0.9 percent
Estimated number of HIV-infected people:	5.134 million
Number of high-risk districts	111 out of 600 districts
Estimated number of individuals on anti-retroviral therapy	40,000
Estimated number of AIDS orphans:	100,000

Targets

India	End FY06	End FY07	End FY08
Individuals Receiving AB Interventions	5,960,000	5,200,000	6,300,000
Individuals Receiving ABC Interventions	4,550,000	3,000,000	3,730,000
HIV-Positive Pregnant Women Receiving a Course of ARV Prophylaxis	2,300	7,000	14,000
Individuals Receiving CT Results	679,000	1,060,000	1,440,000
Individuals Receiving ART	21,700	57,000	68,000
Individuals Receiving Palliative Care	95,000	171,000	195,000
Children Served by OVC Programs	52,000	23,000	30,000

Program Description

India has been battling an HIV/AIDS epidemic since the first case was identified in Chennai, Tamil Nadu in 1986. Since then, the number of HIV-infected persons has increased to an estimated 5.134 million, second only to South Africa. The overall adult prevalence rate is estimated at 0.9 percent. However, 111 of the 6000 districts in India have prevalence rates greater than 1 percent, up from 49 in 2003. Most of these districts are concentrated in the states of Tamil Nadu, Maharashtra, Karnataka, Andhra Pradesh, Manipur, Nagaland, and Mizoram – with a combined population of approximately 300 million. There is substantial variation in HIV prevalence among and even within states and districts. The epidemic in India is considered to be a concentrated epidemic and the Government of India (GOI) estimated in 2003 that there are 1.63 million infections among high-risk groups, including 1.5 million in persons with sexually transmitted infections (STI); 71,000 in female sex workers (FSW), and 10,300 in injecting drug users (IDUs). Sexual transmission accounts for over 85% of HIV infections in India,

especially in the south and west. Sex with prostitutes is an important driver of the epidemic, and in the North East, the epidemic is fueled by intravenous drug use. The extent to which the behavior of men who have sex with men (MSM) contributes to the epidemic is not known. An increasing number of individuals who are perceived as low risk are becoming infected, especially women and youth. The ratio of infected women to infected men is increasing: NACO estimates that 40 percent of new infections in 2004 were in women. USG will ensure that prevention, treatment and care projects address the social norms and practices underlying this gender differential.

India's population base of about 1 billion makes the challenge of containing the present concentrated epidemic even harder. The GOI's response resembles that of a regional program in the size of populations addressed, the socio-economic and cultural difference between states, the different HIV/AIDS epidemics, and the need to work with separate government bodies in each state. The evolving third National AIDS Control Program (NACP 3), 2006-11, has four objectives: prevention of new infections, increasing the number of PLHAs receiving services, strengthening capacity at all levels, and establishing a single monitoring and evaluation system.

Emergency Plan funding will be focused on the following programmatic areas:

Prevention: \$10,501,993

Prevention will be the central focus of the USG HIV/AIDS strategy. The prevention activities include abstinence and be faithful activities, other prevention programs with the most at-risk populations (MARPs), and activities for prevention of mother to child transmission. Using FY 06 funds, USG support will directly contribute to the NACP prevention goals of achieving saturation coverage of high-risk groups by targeted interventions and expanding behavior change programs for vulnerable populations, including at-risk youth. USG programs will continue to build the capacity of local organizations to strengthen the delivery of high quality and sustainable programs in the area of abstinence/be faithful and other behavior change activities.

USG will continue to expand interventions with MARPs including prostitutes, truckers and men having sex with men and intravenous drug users. The target audiences will be addressed through multiple channels including peer education, condom promotion and STI management. One priority for USG in FY06 will be to ensure that targeted interventions with MARPs are linked to counseling and testing and care and support services. Recent behavioral data from Tamil Nadu and Maharashtra suggest that partner reduction among truckers and condom use among prostitutes is decreasing, therefore a priority will be to reinforce messages and sustain prior gains in behavior change. In Tamil Nadu, efforts will be made to transition out some of the existing interventions with MARPs. This will free up resources to address other priorities. Using FY06 funds, the USG expects to reach 3 million with ABC interventions.

The USG will strengthen activities with youth. Peer educators and outreach workers will be trained to develop their skills to better engage young people for education on AB. Innovative methods will be used to address out of school/college youth. Women whose

husbands are part of the bridge population will be reached through self help groups. USG partners will work closely with state governments to provide technical assistance to state governments and local networks to reach out to a large number of people. Using FY 06 funds, USG will deliver AB interventions to 5.2 million people.

In the area of PMTCT, USG's role will be to provide technical assistance to state and district-level governments and the NGOs to strengthen activities on PMTCT and leverage GFATM resources. USG will work closely with other partners to expand PMTCT in the private sector through providing financial assistance to selected organizations. USG partners will strengthen linkages of PMTCT programs with couple counseling and positive networks.

Principal Partners: Tamil Nadu State AIDS Control Society (TNSACS), Voluntary Health Services, Avert Society, Population Services International, Hindustan Latex Family Planning Promotion Trust, Internews, Project Concern International, Indian Network of Positive People, Children In Need Institute, Leprosy Relief Association.

Care: \$7,829,252

USG will strengthen the prevention to care continuum by establishing a strong Networked system of prevention, care and treatment. The USG supported care activities in India include counseling and testing (CT), basic palliative care, support to integration of TB and HIV program and support to orphan and vulnerable children.

The CT strategy for FY06 funds will include scaling up of CT centers, maximizing coverage by promoting demand, capacity building for improving the quality of testing and counseling and strengthening follow-up services. Using FY06 funds the USG will support 305 CT centers, and, directly or indirectly, contribute to over 1 million clients knowing their HIV status by September 2007. Upscaling CT is a major priority for NACP 3.

The USG strategy for palliative care includes a comprehensive package of services such as OI management, nutritional support, and psychosocial support for positive individuals and their families. USG will strengthen NGOs and faith based organizations to provide community-based palliative care to improve the quality of life of the people infected and affected with HIV/AIDS. USG will provide technical support to the GOI to establish minimum standards of palliative care including developing a training curriculum for capacity building of health care providers. Stigma reduction will be addressed through communication campaigns and by supporting networks of positive people for their greater involvement in care and treatment services. The USG plans to reach 171,000 people with palliative care services using FY 06 funds.

The USG will support the integration of TB and HIV/AIDS programs by working closely with the GOI on policy development and program implementation. The USG will strengthen referral systems between HIV/AIDS and TB programs and will promote HIV testing and counseling for all persons with TB as part of standard TB care and screening

all HIV-infected persons for active TB disease. The USG will reach (directly and indirectly) 22,000 HIV-positive people with TB treatment services by September 2007.

The USG strategy for orphans and vulnerable children (OVC) includes technical support to the GOI on program policies and implementation. Using FYO6 funds USG will support community-based OVC programs including strengthening linkages with ART treatment services for positive children. The USG programs plan to reach 23,000 orphans and vulnerable children by the end of September 2007.

Principal Partners: TNSACS, Voluntary Health Services, Avert Society, Population Services International, Project Concern International, Indian Network of Positive People, University of Washington, Myrada, Children In Need Institute, Leprosy Relief Association, ShareMediCiti.

Treatment: \$2,004,881

Treatment activities in India include ARV services and laboratory support. ARV drugs are provided by the host government supported by the Global Fund; the GOI's goal is to reach 180,000 people by 2010. Presently, an estimated 40,000 people are receiving ARVs, including 15,000 in the government program. The USG will support training of health care providers, development of training materials and curricula, development of guidelines, quality assurance and adherence monitoring. The USG will continue support to the Center of Excellence on ARV services at the Government Hospital for Thoracic Medicine (GHTM), Tamil Nadu and initiate a joint agency project to develop a similar model in Maharashtra. Training activities will be extended to the private sector as will be development of models of ARV provision through selected private hospitals. Using FY 2006 funds, USG will have contributed, directly and indirectly to 57,000 PLHAs receiving ART by September 2007.

Laboratory support will be provided to selected public and private sector laboratories to strengthen the quality of services. The USG will support guidelines development, and trainings for quality improvement in public sector laboratories including those of the Armed forces and in private sector laboratories.

Principal Partners: TNSACS, Voluntary Health Services, Avert Society, Indian Network of Positive People, University of Washington, Leprosy Relief Association, ShareMediCiti.

Other Costs: \$8,796,874

The USG efforts will continue to build the capacity of the national and state government and the NGOs to effectively monitor and evaluate their programs, and to strengthen the use of data, including surveillance data, for program planning. Specific targeted evaluations will be carried out to inform program planning and implementation. USG will work with other donors and the Government to implement the Three Ones principle of one national monitoring and evaluation system. Using FY 06 funds, 360 organizations will be provided with technical assistance and 2,100 persons will be trained on the collection and use of strategic information.

Principal Partners: TSACS, Voluntary Health Services, Avert Society, Population Services International, Johns Hopkins University, Hindustan Latex Family Planning Promotion Trust, Project Concern International, Northrup Grumman, University of Washington, IndiaCLEN, Myrada, Children In Need Institute, Leprosy Relief Association, ShareMediCiti.

The USG will provide technical assistance to the national and state governments on policy issues, including the development of protocols and guidelines. Existing networks and consortiums including faith based organizations, private sector institutions, and NGOs will be supported to develop and implement HIV/AIDS policies and to build their institutional capacity. The USG will implement training programs on HIV/AIDS reporting for local and national media. Through the Indo-US Private Sector Initiative, signed by US President George W. Bush and Indian Prime Minister Manmohan Singh, the USG will promote the greater financial and technical involvement of the corporate sector in fighting HIV/AIDS

Principal Partners: TNSACS, Voluntary Health Services, Avert Society, Johns Hopkins University, Internews, Policy Dialogue and Implementation, Project Concern International, University of Washington, Myrada, Leprosy Relief Association.

Management and staffing funds will support the personnel for USAID, CDC and the Office of Defense Cooperation. Funds will support program coordination and monitoring, and be used to provide technical support to national, state, and district governments and programs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

More than thirty donors, technical agencies and foundations are working together under the leadership of the Expanded UN Theme Group to support the national HIV/AIDS program. The Global Fund has approved three grants for HIV/AIDS and TB activities (total amount of almost \$300 million over five years). USG representatives are active members of the Steering Committee for the third phase of the National AIDS Control Plan (NACP 3), serve on the national Country Coordinating Mechanism (CCM) and lead and participate in a number of national technical working groups. There are critical needs for assistance in technical areas and financial management. Disbursement of funds has been slow and the US is collaborating with the GOI and other partners, including WHO and the Clinton Foundation, to address this bottleneck. With the additional \$900,000 requested by CDC/GAP for FY 06, USG will strengthen oversight at national level and build state level capacity for implementation. The primary donors are the World Bank, DFID, the Bill and Melinda Gates Foundation, and the USG. Technical support is provided by these agencies and multilateral organizations including the World Health Organization, UNAIDS, UNICEF, the World Food Program, UNODC, UNIFEM, and the ILO. NACO has requested some donors to focus their field activities in particular states, for example, USG's programs in Tamil Nadu, Maharashtra, and Andhra Pradesh. From 2001 to 2005 donors contributed approximately \$300 million for HIV/AIDS activities in India.